

SUGGESTION EVALUATION

For use of this form, see AR 5-17; the proponent agency is OCSA.

TO: (Include ZIP Code)**FROM:** (Include ZIP Code)

1. SUGGESTION TITLE

2. SUGGESTION NUMBER

3. **ACTION TAKEN OR RECOMMENDED**a. APPROVED FOR ADOPTION ☐ TOTALLY ☐ PARTIALLY OR WITH MODIFICATION (Explain in Item 4.)

DATE SUGGESTION WAS OR WILL BE PUT INTO EFFECT:

☐ ALSO RECOMMEND CONSIDERATION FOR WIDER APPLICATION AS INDICATED IN ITEM 4.

b. ALREADY IN USE OR UNDER CONSIDERATION (Explain in Item 4, indicating whether this suggestion contributed to the action in any way.)

c. NOT APPROVED FOR ADOPTION FOR REASONS SHOWN IN ITEM 4.

d. RECOMMEND ADOPTION, BUT APPROVAL NOT WITHIN JURISDICTION OF THIS OFFICE. (Explain in Item 4.)

e. OTHER (Specify in Item 4.)

4. REASONS FOR ACTION TAKEN OR RECOMMENDED. Include a statement as to how the suggestion was or will be implemented if it is adopted. (If more space is needed, continue on reverse.)

5. **BENEFITS** (Complete for all suggestions adopted or recommended for adoption.)a. ☐ TANGIBLE (Show actual or estimated dollar savings, including the cost of conversion and first year savings.)

(1) FACTORS	LABOR			MATERIEL			TOTAL COST OF LABOR AND MATERIEL
	MANHOURS INVOLVED	COST PER MANHOUR	TOTAL COST	NUMBER OF UNITS	COST PER UNIT	TOTAL COST	
FORMER METHOD							
NEW METHOD							
						TOTAL DOLLAR BENEFITS	

(2) COST OF CONVERTING TO NEW METHOD:

LABOR \$ _____

MATERIEL \$ _____

TOTAL \$ _____ ☐ ACTUAL ☐ ESTIMATED

(3) TOTAL FIRST YEAR NET DOLLAR BENEFITS (Labor and materiel savings less cost of conversion.)

\$ _____ - \$ _____ = \$ _____

b. ☐ INTANGIBLE (Describe effect on operations, health, safety, welfare, or morale; and number of people and specific organizations affected. Based on criteria in paragraph 2-8, AR 672-20, indicate the value of the benefit and the extent of application.)

(1) VALUE OF BENEFIT IS:

☐ MODERATE☐ HIGH☐ SUBSTANTIAL☐ EXCEPTIONAL

(2) EXTENT OF APPLICATION:

☐ LIMITED☐ BROAD☐ EXTENDED☐ GENERAL

(3) EXPLAIN THE FACTORS SELECTED IN (1) AND (2). INDICATE AMOUNT OF AWARD RECOMMENDED FOR INTANGIBLE BENEFITS.

6. DATE

7. NAME, TITLE & TELEPHONE EXTENSION OF
EVALUATOR

8. SIGNATURE & TITLE OF RESPONSIBLE OFFICIAL

